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## **FY 2018 Service Category Definitions**

### **CLIENT ELIGIBILITY STATEMENT**

Eligibility must be completed at least once every 6 months for all clients and must follow the guidelines below.

Eligible clients must have:

- Proof of Residency: Live in one of the five regions within the New Haven/Fairfield Counties EMA (Region 1, New Haven; Region 2, Waterbury; Region 3, Bridgeport; Region 4, Stamford/Norwalk; Region 5, Danbury)
- Proof of HIV Status
- Proof of Income: Have a household income that is at or below 300% of the federal poverty level **except for Medical Case Management** where the household income must be at or below 500% of the federal poverty level

## **CORE SERVICES**

### **Medical Case Management (Including Treatment Adherence)**

Support for **Medical Case Management Services (including treatment adherence)** to ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters including face-to-face, phone contact, and any other form of communication.

**Activities include at least the following:**

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Coordination of services required to implement the plan
- Continuous client monitoring to assess the efficacy of the plan and to ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters including face-to-face, phone contact, and any other form of communication.
- Continuous client monitoring to assess the efficacy of the plan of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for, and adherence to, HIV/AIDS treatments
- Client-specific advocacy and/or review of utilization of services

**Documentation that:**

- Service Sub Recipients are trained professionals, either medically credentialed persons or other health care staff who are part of the clinical care team
- The following activities are being carried out for clients as necessary:
  1. Initial assessment of service needs



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- a. Development of a comprehensive, individualized care plan
  - b. Coordination of services required to implement the plan
  - c. Continuous client monitoring to assess the efficacy of the plan
  - d. Periodic re-evaluation and adaptation of the plan at least every 6 months, during the enrollment of the client
- Documentation in program and client records of case management services and encounters, credentialed persons or other health care staff who are part of the clinical care team. Documentation in program & client records of case management encounters and advocacy.

### Outpatient Substance Abuse Services

Support for **Substance Abuse Treatment Services-Outpatient**, provided by or under the supervision of a physician or other qualified/licensed personnel; may include use of funds to expand HIV-specific capacity of programs if timely access to treatment and counseling is not otherwise available

#### Services limited to the following:

Pre-treatment/recovery readiness programs

- Harm reduction
- Outpatient drug-free treatment and counseling
- Opiate Assisted Therapy. (Does not include medications)
- Relapse prevention
- Services provided must include a treatment plan that calls only for allowable activities and includes:
  - The quantity, frequency, and modality of treatment provided
  - The date treatment begins and ends
  - Regular monitoring and assessment of client progress
  - The signature of the individual providing the service and or the supervisor as applicable

### Mental Health Services

**Mental Health** includes psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the State to provide such services, typically including psychiatrists, psychologists, and licensed clinical social workers.

#### Documentation of:

- Appropriate and valid licensure and certification of mental health professionals as required by the State Documentation of the existence of a detailed treatment plan for each eligible client that includes:
  - The diagnosed mental illness or condition
  - The treatment modality (group or individual)
  - Start date for mental health services
  - Recommended number of sessions
  - Date for reassessment



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- Projected treatment end date
- Any recommendations for follow up
- The signature of the mental health professional rendering service
- Documentation of service provided to ensure that:
  - Services provided allowable under Ryan White guidelines and contract requirements
  - Services provided consistent with treatment plan

#### Dental/Oral Health

Support for **Oral Health Services** including diagnostic, preventive, and therapeutic dental care that is in compliance with state dental practice laws, includes evidence-based clinical decisions that are informed by the American Dental Association Dental Practice Parameters, is based on an oral health treatment plan, adheres to specified services, and is provided by licensed and certified dental professionals.

#### Documentation that:

- Oral health services are provided by general dental specialists, dental hygienists and auxiliaries and meet current dental care guidelines
- Oral health professionals providing the services have appropriate and valid licensure and certification, based on State and local laws
- Clinical decisions that are supported by the American Dental Association Dental Practice Parameters
- An oral health treatment plan is developed for each eligible client and signed by the oral health professional rendering the services
- Oral Health Services can include but are not limited to, palliative, oral examinations, x-rays, prophylaxis, restorations, and extraction or a combination of any of the above as determined by the Planning Council or Recipient under Part A.

#### Ambulatory/Outpatient Health Services

Provision of Outpatient and Ambulatory Health Services, defined as the provision of professional diagnostic and therapeutic services rendered by a licensed physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting (not a hospital, hospital emergency room, or any other type of inpatient treatment)

- Well-babycare
- Continuing care and management of chronic conditions
- Referral to and provision of HIV-related specialty care (includes all medical subspecialties even ophthalmic and optometric services)

As part of Outpatient and Ambulatory Medical Care, provision of laboratory tests integral to the treatment of HIV infection and related complications

Documentation that tests are:

- Integral to the treatment of HIV and related complications, necessary based on established



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- clinical practice, and ordered by a registered, certified, licensed Sub Recipient
- Consistent with medical & laboratory standards
- Approved by the Food and Drug Administration (FDA) and/or Clinical Laboratory Improvement Amendments (CLIA)

#### Health Insurance Premium & Cost Sharing Assistance

Provision of **Health Insurance Premium and Cost-sharing Assistance** that provides a cost -effective alternative to ADAP by:

- Paying co-pay (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles on behalf of the client; and COBRA payments

These short-term payments must be carefully monitored to assure limited amounts, limited use, and for limited periods of time.

#### Early Intervention Services

Support of **Early Intervention Services** (EIS) that include identification of individuals at points of entry and access to services and provision of:

1. HIV Testing and Targeted counseling
2. Referral services
3. Linkage to care
4. Health education and literacy training that enable clients to navigate the HIV system of care

All four components must be present, but *Part A funds to be used for HIV testing only as necessary to supplement, not supplant, existing funding.*

#### AIDS Pharmaceutical Assistance(local)

Implementation of a Local AIDS Pharmaceutical Assistance Program (LPAP) for the provision of HIV/AIDS medications using a drug distribution system that has:

- A client enrollment and eligibility process
- Uniform benefits for all enrolled clients throughout the EMA
- A drug formulary approved by the local advisory committee/board
- A recordkeeping system for distributed medications
- A drug distribution system
- A system for drug therapy management

An LPAP that does not dispense medications as:

- A result or component of a primary medical visit
- A single occurrence of short duration (an emergency)
- Vouchers to clients on an emergency basis

A Program that is:



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- Consistent with the most current HIV/AIDS Treatment Guidelines
  - Coordinated with the State's Part B AIDS Drug Assistance Program



## **NON-CORE SERVICES**

### **Housing Assistance and Related Services**

Support for **Housing Services** that involve the provision of short-term assistance to support emergency and temporary housing to enable an individual or family to gain or maintain medical care.

Use of funds for:

- Funds can be used for emergency rental assistance including 1st month's rent and any back rent.
- Housing-related referral services that include assessment, search, placement, advocacy, and the fees associated with them
- Short term emergency assistance (other than 1st month and back rent) requires prior authorization from the Ryan White Office(Recipient)

No use of funds for direct payments to recipients of services for rent.

These short-term payments must be carefully monitored to assure limited amounts, limited use, and for limited periods of time.

### **Inpatient Substance Abuse Services**

Funding for **Substance Abuse Treatment – Inpatient** to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a short-term residential health service setting

#### **Requirements:**

- Services to be provided by or under the supervision of a physician or other qualified personnel with appropriate and valid licensure and certification by the State in which the services are provided
- Services to be provided in accordance with a treatment plan
- Detoxification to be provided in a separate licensed residential setting (including a separately- licensed detoxification facility within the walls of a hospital)

#### **Documentation that:**

- Services are provided by or under the supervision of a physician or by other qualified personnel with appropriate and valid licensure and certification as required by the State in which services are provided
- Services are provided in accordance with a written treatment plan that is reviewed and updated as needed
- Assurance that services are provided only in a short-term residential setting

### **Emergency Financial Assistance**

**Emergency financial assistance** is the provision of short-term payments to utility Sub Recipients to assist with emergency expenses related to essential utilities, such as heat, electricity, water/sewer, and



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telephone service. These short-term payments must be carefully monitored to assure limited amounts, limited use, and for limited periods of time.

**Note:** Direct cash payments to clients are not permitted

### Medical Transportation

Funding for **Medical Transportation Services** that enable an eligible individual to access HIV-related health and support services, including services needed to maintain the client in HIV medical care, through either direct transportation services or vouchers or tokens.

#### May be provided through:

1. A contract or some other local procurement mechanism with a Sub Recipient of transportation services
2. A voucher or token system that allows for tracking the distribution of the vouchers or tokens
3. A system of mileage reimbursement that does not exceed the federal per-mile reimbursement rates limited to approved agency staff members.
4. A system of volunteer drivers, where insurance and other liability issues are addressed
  - Documentation that: medical transportation services are used only to enable an eligible individual to access HIV-related health and support services
  - Purchase or lease of organizational vehicles for client transportation, with prior approval from the Recipient who will review with HRSA/HAB for the purchase.

### Food Bank/ Home Delivered Meals

Funding for **Food Bank/Home-delivered Meals** that may include:

- The provision of actual food items
- Provision of hot meals
- A voucher program to purchase food

May also include the provision of non-food items that are limited to:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/ purification systems in communities where issues with water purity exist

Appropriate licensure/ certification for food banks and home delivered meals where required under State or local regulations

No funds used for:

- Permanent water filtration systems for water entering the house
- Household appliances
- Pet foods
- Other non-essential product